

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027639

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED JUL 30 1962

Primary Registration District No.

5605

Registrar's No.

17.

1. PLACE OF DEATH

a. COUNTY

Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Washington

Length of stay in 1b

3 Years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTIONUSAF
Hospital Whiteman AFB, Mo

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Johnson

c. CITY

OR

TOWN Whiteman AFB, Missouri

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

130 Dow Lane

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First FLORENCE

Middle VIOLET

Last PRICE

4. DATE

OF
DEATH

Month

July

Day

21

Year

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

13 Oct 21

9. AGE (last birthday)

40

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (City and state or country)

Warrington Lancashire

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

John Matthews

13b. MOTHER'S MAIDEN NAME

Mary Barnett

14. NAME OF HUSBAND OR WIFE

Frank H. Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Frank H. Price

Address

130 Dow Lane, Whiteman AFB, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Diffuse petechial cerebral hemorrhages Edema

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Menopausal

DUE TO (c)

Status asthmaticus

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 17 Jul 62 to 21 Jul 62 and last saw ☒ alive on 21 Jul 62

Death occurred at 11:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deedee or wife)

GERALD L. KANDEL M.D.

22b. ADDRESS

Whiteman Air Force Base, Missouri

22c. DATE SIGNED

21 Jul 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7/25/1962

23c. NAME OF CEMETERY OR CREMATORY

Pine Flat Church Cemetery

23d. LOCATION (City, town, or county)

Prattville, Alabama

(State)

24. FUNERAL DIRECTOR

ADDRESS

The Brauningers, Warrensburg, Missouri

25. DATE RECD. BY LOCAL REG.

July 23-62

26. REGISTRAR'S SIGNATURE

Esma R. Realty

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0510

2 0510

3

4 1

5 1

6

7 2

8 1

9 241X

10

11

12 3-0

13 3-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stephen L. Peterson

Licensed Embalmer No. 5181

P. O. Address Warrensburg Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.